

# Non-Moorhead Resident Scholarship Application



**Parent / Guardian**

Name:		
Address:		
City:	State:	Zip:

Annual household income:      \$
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Number in household:
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<u>Player(s) Name:</u>	<u>Disability / Diagnosis:</u>

I certify this information is accurate. I agree to show proof if requested.

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signature
date

Return form to:  
 FM Challengers  
 P.O. Box 373  
 Moorhead, MN 56561-0373

or Email to:  
[fmchallengers@live.com](mailto:fmchallengers@live.com)